

**Patient
Information**

Bladder chemotherapy

Introduction

This leaflet gives you information about chemotherapy treatment for bladder cancer including its risks, benefits and alternatives.

Non-invasive or superficial bladder cancer

This is an early form of bladder cancer, affecting just a few layers of cells of the inner surface of the bladder. It is important to understand that this cancer has not grown into the muscle layer of the bladder or outside the bladder wall. This means that the cancer is very treatable.

Your chemotherapy treatment

Bladder chemotherapy is a medication given directly into the bladder through a urethral catheter (a small tube which is passed up into the bladder). The most commonly used medication is mitomycin C.

This treatment is given to patients with low to moderate grade, superficial bladder cancer, in order to reduce the risk of more tumours forming in the future. The treatment works by killing off the lining of the bladder and hopefully any abnormal cells. The normal cells will recover within a week.

If you are attending as an outpatient, the course of chemotherapy treatment is usually 6 weekly doses.

About your treatment

Before the treatment begins, you will be asked to go to the toilet and empty your bladder.

- A small catheter (tube) will then be passed into your bladder through your urethra (water pipe). Any remaining urine will drain out
- The chemotherapy will be given directly into your bladder through the catheter. The catheter will then be removed

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If you are attending as an outpatient, you will be able to go home after the treatment has finished.

You will be asked to hold the chemotherapy in your bladder for a specified period of time (usually 1 hour). This will give the treatment time to be in contact with the lining of the bladder. After this period of time, you will be able to pass the medication out into the toilet at home. If you have problems keeping liquid in your bladder you may be advised to stay at the hospital for 1 hour.

We recommend that you leave the chemotherapy in the toilet then add bleach and leave for 15 minutes before flushing. Please make sure that you flush the toilet twice in order to remove all traces of the medication. Men should sit down to pass urine, to reduce the chance of splashing.

For 6 hours following your treatment, you should try not to get any urine on your hands. If the urine comes into contact with your skin, wash it off immediately with lots of soap and water. If it is left on your skin, it can cause irritation.

Some patients may be given chemotherapy through the catheter already in place following the operation to remove a bladder tumour.

Benefits of chemotherapy treatment

Chemotherapy treatment reduces the number of further bladder tumours by 60% for up to 5 years following surgery. If left alone, superficial bladder cancer has a high chance of recurring or growing roots into the bladder wall.

You will receive regular cystoscopy (camera) examinations of your bladder after completion of the chemotherapy treatment. This will allow us to monitor your bladder. It will also make sure that any recurrence at any stage can be treated quickly while in its early stages and be kept under control. The length of time that we will continue this monitoring will depend on how often you have any recurrences.

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Alternative treatments

- Regular checks of your bladder and removal of tumour recurrence as and when needed
- Immunotherapy: Use of tuberculosis vaccine (BCG) given directly into the bladder in order to stimulate the body's own natural immune response to the cancer, which helps to kill the tumour cells. This is given for more widespread and/or higher-grade superficial tumours with a higher risk of involving the bladder muscle in the future
- Heated Mitomycin C (HMMC): This treatment, like BCG, is given to higher-grade superficial bladder cancer, usually, when BCG is not available or you are not able to have BCG for medical reasons. This treatment is not currently provided at Gloucestershire Hospitals NHS Foundation Trust and you would be referred to the Royal United Hospital, Bath where you would be required to attend once a week for 6 weeks.
- Cystectomy (surgical removal of the bladder). This is usually done only when the cancer has become aggressive and has grown deeper into the bladder wall muscle

Possible risks or reactions

Your urine may be discoloured for about 12 hours following the treatment. This is due to the colour of the medication and is nothing to worry about.

You may need to pass urine more often for 2 to 3 days after the treatment. You may also have a burning sensation due to the medication used for the treatment. This usually lasts for a few days. However, if you have these symptoms for more than 3 days after a treatment, or you have cloudy or smelly urine and/or blood in your urine, please contact your GP for advice. You may have a urine infection needing treatment with antibiotics.

Some patients have bleeding after each treatment. If this happens, please increase your fluid intake and let the person know who is giving you the treatment. They will advise you of what action (if any) to take.

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Some people have an allergic reaction to the chemotherapy (1 in 10 patients). This usually happens around the 4th or 5th dose of the chemotherapy and takes the form of a rash, particularly on the soles of the feet or palms of the hands. If this happens, please contact your GP and take this leaflet when you see them.

They may consider it necessary to prescribe antihistamine treatment, such as Piriton[®] and/or a steroid cream such as Betnovate[®], to help relieve any itching. You should also tell the person giving your chemotherapy, **before** your next appointment, as you may need a change of treatment.

If you have any other unusual symptoms, please ask for advice from the nurse giving your treatment or your GP.

This treatment is not normally given to pregnant or breastfeeding women.

Contact information

If you have any further questions or problems before, during or after your course of bladder chemotherapy, please contact your GP for advice or the:

Urology Nurse Practitioners

Tel: 0300 422 5193

Tel: 0300 422 3640

Monday to Friday, 8:00 am to 4:00 pm

Alternatively, you can contact the:

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted ask for the operator then for Bleep 2120 or Bleep1675.

Your consultant can also be contacted via the Gloucestershire Hospitals Switchboard. When prompted please ask for your consultant's secretary. They are available Monday to Friday, 8:00 am to 4:00 pm.

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Uro-oncolgy Cancer Nurse Specialists

Tel: 0300 422 6672

Tel: 0300 422 4336

Tel: 0300 422 6913

Monday to Friday, 8:00 am to 4:00 pm

Further information

Macmillan Cancer Support

Website: www.macmillan.org.uk

Please note, the Trust cannot be held responsible for the content of the literature provided by external organisations.

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